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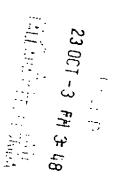
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COVER LETTER

TO: Amendment Section Division of Corporations N

NAME OF CORPORATION: SANECHRIST EQUIPHENT CORP 1					
DOCUMENT NUMBER: P 23000029118					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Vulis acril and Queas Name of Contact Person					
SAN & CHRIST EquiPMENT CORP 1 Firm/ Company					
15501 SW LOA AVE Address					
City/ State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
YudislayuF Andre ARIAS a1305 4849901					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Boy 6327 The Control of Tallaharsee					

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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	Articles of Amendmen	nt C
	to Articles of Incorporation	
ŕ	of	en de la companya de
	vipment o	CORP1 5
~		ith the Florida Dept. of State)
	0009118 ent Number of Corporat	ntion (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida P	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "con" Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrev	rporation," "company," or "Co". A profession	" or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>×</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		orida, enter the name of the
Name of New Registered Agent		
	(Florida street address	
New Registered Office Address:		, Florida
Hew Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I	stered Agent; am familiar with and a	accept the obligations of the position.
Signal	ture of New Registered A	Agent, if changing
Check if applicable		

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5)Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:			·
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provisions for implementing the amendment if not contained in the amendment itself:			•
	provisions for implementing the ame	nge, reclassification, or cancellation of iss dment if not contained in the amendment	ared shares, itself:
			
		. , ,	
			

The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date if annicable:	
(no more than 90 days a	ter amendment file date)
Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	autory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The mimber by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
Dated $\frac{09}{3}$	
Signature What	
(By a director, president or other officer – if di selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
- Vudislayne Q.	de Qua
(Typed or printed name of	person signing)
PRESENEN	(
(Title of person signing)	

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